

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: March 1, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical Therapy to the right shoulder #97530 and #97110 for 10 visits.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization Reviews (12/09/09 - 12/23/09)
- Utilization Reviews (11/11/09 – 12/23/09)
- Office visits (12/03/09)

ODG Guidelines have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who developed right shoulder pain on xx/xx/xx due to repetitive motion.

On November 11, 2009, D.O., performed a utilization review and noted the following treatment history: *The patient had temporary relief with injections. She complained of pain at the proximal one-third of the humerus, trapezius and rhomboids, minimal tenderness to palpation, increased pain with abduction, flexion and internal rotation of the right shoulder and positive supraspinatus test. It was documented that he might have already attended a course of PT in July*

2009 with a different provider. The request for physical therapy (PT) to the right shoulder three times a week for four weeks was denied due to insufficient information. Dr. was unable to determine the diagnosis in this case. There were no specific modalities with CPT codes requested.

On December 3, 2009, M.D., evaluated the patient for right shoulder pain with tingling and weakness, though the pain was relieved temporarily with the injection. She was utilizing diazepam and Skelaxin. Examination of the right shoulder revealed minimal tenderness with the palpation at the trapezius, pain with abduction and with internal rotation, pain with forward flexion with internal rotation and positive supraspinatus testing. Dr. assessed right shoulder impingement syndrome and recommended PT. He stated the patient had benefitted from PT in the past and needed another course of PT before surgery. He felt if the patient failed to improve then arthroscopic decompression was indicated. The following modalities were recommended: Ultrasound, electrical stimulation/iontophoreses, rotator cuff strengthening program and rotator cuff stretching program. The patient was released to light duty work.

On December 8, 2009, M.D., performed a utilization review. He noted the patient had already undergone 10 visits of PT for her injury. The request for PT was modified with the following rationale: *The patient has already reached the allowable number of visits per ODG. The patient should be able to transition to a home exercise after two additional visits to teach the home exercise program. Two additional visits of PT were authorized.*

On December 23, 2009, M.D., denied the reconsideration for PT with the following rationale: *ODG recommends 10 visits over eight weeks for shoulder impingement syndrome. #97110 exercises and #97530 therapeutic activities are recommended modalities. The patient has received 10 therapy visits recommended by ODG and has no weakness of the rotator cuff with full motion. The patient should be able to transition to a home exercise program.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

It seems apparent that the claimant has had the appropriate amount of PT for the conditions diagnosed. This issue was clarified by Dr. in a peer-to-peer discussion with the requesting provider on 12/8/09. An additional two sessions were approved at that time. It is unclear as to why additional PT that exceeds ODG is medically reasonable or necessary in this case, particularly considering there is insufficient documentation of weakness or other issues that would require supervised PT. It appears that the reviewers have accurately assessed the clinical scenario and their denial of additional PT is consistent with ODG criteria.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES